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Development and Implementation of a Certified Neuroscience Registered Nurse Exam Review Program

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Development and Implementation of a Certified Neuroscience Registered Nurse Exam
Review Program

A Major Paper Presented

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DEVELOPMENT AND IMPLEMENTATION OF A
CERTIFIED NEUROSCIENCE REGISTERED NURSE EXAM REVIEW PROGRAM

by

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A Major Paper Submitted in Partial Fulfillment

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Abstract

Rhode Island Hospital (RIH) is currently striving to attain Magnet® status; specialty certification of registered nurse (RN) staff plays an important role in achieving that goal. Unit based nursing leadership and RN staff identified neuroscience certification as both important and desirable. One of the barriers identified by the staff RNs was the lack of a study support program to assist in preparation for the certification exam. A certified neuroscience registered nurse (CNRN) exam review program motivates and supports the RN staff to seek certification and successfully sit for the exam. The primary purpose of this program was to increase the number of CNRNs on the neuroscience units at RIH, with a secondary goal of CNRN staff participation throughout the initiative. The development of a formalized process allowed the program to be repeated biannually and helped to establish a unit culture where certification is the standard to which to aspire.

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I would like to thank my husband, Kevin, for his support and patience throughout this endeavor; you have always been my rock to lean on and a welcoming embrace to come home to. I would also like to acknowledge Dr. Cynthia Padula, who has been a wonderful mentor and guide, and now, even better, a friend. Finally, I would like to thank my children, Jessica, Patrick, and Andrew who make me proud, and my parents for always believing in me and thinking that I am so much better than I really am.

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Developing and Implementing a CNRN Exam Review Program

Statement of the Problem

Rhode Island Hospital (RIH) is striving to attain Magnet® status; specialty certification of registered nurse (RN) staff is essential to achieving that goal (Shirey, 2005). RN staff on the neuroscience units identified attainment of neuroscience certification as desirable, but felt the need for direction and instructional support. Unit leadership, as well as nursing administration, supported the development of a sustainable, formalized neuroscience registered nurse (CNRN) exam review program to assist in increasing the number of specialty certified RNs at RIH.

The primary purpose of this program was to increase the number of CNRNs on the neuroscience units at RIH, with a secondary goal of CNRN staff participation throughout the initiative. Peer involvement is an added motivator for staff to sit for the CNRN exam, producing an environment that is conducive to seeking certification and a unit culture which supports it (Linder, 2009).

The American Board of Nursing Specialties (ABNS) defines certification as “the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes” (p. 1). ABNS takes the position that nurses should set a goal of attaining certification in their specialty areas (2005). The organization also identifies specialty certification as the means by which healthcare consumers are able to recognize nursing expertise and quality care and asserts that the recertification process ensures continuing

professional education and the maintenance of RN expertise in the specialty. The CNRN is an approved accreditation by the ABNS.

In 2003, the American Association of Critical-Care Nurses (AACN) and the AACN Certification Corporation took the position that RN licensure ensures entry level RN competency, but that specialty certification and recertification processes assure continued RN professional education and validate expert knowledge and clinical judgment (American Association of Critical-Care Nurses [AACN] and AACN Certification Corporation, 2003). This is consistent with the ABNS position and strengthens the argument for RN specialty certification. Furthermore, it is the mission of the American Association of Neuroscience Nurses (AANN) to promote the specialty through practice excellence. Attainment of certification demonstrates the expertise of the CNRN in the practice of neuroscience nursing (The American Board of Neuroscience Nursing).

In 2007, adult patients admitted to RIH with a neuroscience diagnosis accounted for 23,239 patient days. Stroke admissions for the hospital totaled 888 cases for that year, with 138 of those patients requiring neuroscience intensive care unit (Neuro ICU) level of care at some point during the hospital stay. Hospital administrators have recognized the size and scope of the patient population being treated by the combined neuroscience services and have begun plans to establish a Neuroscience Center of Excellence at RIH. In addition, RIH has recently been awarded stroke certification by The Joint Commission. Increasing the number of CNRNs on the neuroscience units, thereby developing and showcasing the expertise of the nursing staff, is in line with these

plans and accomplishments. Creating a culture of certification will be advantageous for the RNs, the institution, and the patients, and will support the goals of the both the nursing and medical administrations of the hospital.

Review of the Literature

A review of the literature was conducted utilizing the CINAHL and OVID databases. Keywords included nursing, RN, certification, specialty certification, Magnet status, Clinical Nurse Specialist, continuing education, professional development, patient outcomes, and program development. The results of this search revealed several initiatives aimed at increasing the number of specialty certified RNs on various types of units, none of them neuroscience-specific. These focused initiatives generally proved successful at increasing the number of certified RNs in the organizations involved. Several articles identified a variety of intrinsic and extrinsic rewards perceived by certified and non-certified RNs as well as managers and administrators. Many identified RN certification as an intricate element of Magnet status. Universally, it was noted that further research was needed in order to solidly link RN certification to improved patient outcomes. Most researchers believed that a relationship existed, given that RN specialty certification is accepted as a proof of expertise and requires on-going professional development, two factors with proven links to improved patient outcomes. Next, review of selected research in this area will be presented.

Research was conducted by Cary (2001) on the certified workforce nearly 30 years after the first nursing certification accreditation was established in the early 1970s. A multiple choice survey was sent to a random sample of 40,426 RNs, chosen from the

existing pool of 410,000 certified RNs in all available specialties in the United States (U.S.), Canada, and U.S. territories. An open-ended section was also included. The survey included questions related to both personal and professional characteristics of the certified RN participants. Descriptive statistical analysis was used to interpret the results. Identified benefits of certification included personal growth, increased sense of competency, professional satisfaction, accountability, and confidence. Being perceived as more credible practitioners after achieving certification was an additional benefit. Few respondents felt there was a financial benefit to certification. Participants felt they were able to: identify patient issues and initiate interventions sooner; communicate and collaborate with other healthcare team members in a more effective manner; reduce error; and improve patient satisfaction after certification. A limiting factor of the study was the absence of a non-certified control group.

In 2005, Stromborg et al. administered a survey on behalf of the ABNS investigating nurse manager perceptions and practices in relation to the role of certified RNs. The survey was administered at a nursing management conference and participants included those managers visiting the ABNS booth and volunteering to take a two page survey. A total of 139 certified (42%) and non-certified (58%) managers from 35 states and several countries participated in the survey. Results showed respondents, regardless of certification status, preferred to hire certified RN personnel when possible because they felt certification was an indication of an increased knowledge base and dedication to lifelong learning. Over half of the respondents noted a difference in performance by certified RNs, and reported that 30% of patients and families had improved satisfaction

when cared for by certified RNs. The convenience sample of the participants was a limiting factor of this study.

Byrne, Valentine, and Carter (2004) investigated perioperative nurse perceptions about RN specialty certification utilizing the Certification Board of Perioperative Nursing's Perceived Value of Certification Tool® (PVCT). The Total Design Method (TDM) was used to increase response rate. The tool has demonstrated validity and reliability. The surveys were administered to three groups of perioperative nurses: certified RNs, non-certified RNs, and managers and administrators, regardless of certification status. More than 90% of total respondents linked achievement of certification with satisfaction, personal accomplishment, professional growth, increased knowledge, and challenge. The non-certified RNs had lower percentages of agreement to all perceived value of certification questions than certified RNs. All groups believed certification increased professional credibility, and the certified RNs stated it improved their marketability. Barriers to certification were identified, with cost, lack of institutional support and reward, and lack of time and access to review materials being the most common. This sample of participants may limit the study's generalizability to other specialty certifications

Wade (2009) performed a librarian assisted integrative literature review on the effects of nursing certification, utilizing the keywords: nurse certification, quality outcome, patient, workforce, and certification. A total of 12 research studies from an original pool of 160 were included. Wade used a methods-description approach to compensate for the various research methods used in the included studies. Results

identified the benefits of certification to include satisfaction, empowerment, and improved collaboration. The reviewer also identified several nurse perceptions related to certification including: acknowledgement of skill and specialty knowledge; increased autonomy and job satisfaction; empowerment; and opportunity recognition, noting that these factors may lead to improved patient satisfaction. Wade identified nurse self-report as a limit of most of the studies, which hampered the ability to objectively link certification to patient outcomes. Barriers to certification were identified, including cost and lack of extrinsic rewards.

A descriptive comparative study investigating the levels and perceptions of empowerment among certified and non-certified RNs was conducted by Piazza, Donahue, Dykes, Griffin, and Fitzpatrick in 2006. A total of 259 staff nurses, advanced practice nurses (APNs), and nursing administrators returned questionnaires. Kanter's The Conditions of Work Effectiveness Questionnaire II (revised by Laschinger et al., 2001) was used for this study. Findings revealed that certified RNs felt they had more formal and informal power than did non-certified RNs. The certified RNs also reported they had greater access to information than was reported by the non-certified RNs. There were several limitations to this study including the single setting and the convenience sample.

The ABNS (2006) conducted a national study of the perceived value of nursing certification. The sample for this study was taken from a pool of 94,768 nurses from all ABNS certifying member organizations, with 11,427 nurses returning the on-line PVCT survey. Of the participants, 75% were certified RNs and 14% identified themselves as

managers. The ABNS derived three conclusions from this study: (1) Certification is valued among all RNs regardless of certification status or position and institutions should implement practices to remove barriers to certification; (2) Certification organizations should adopt practices to promote specialty certification and provide recognition to certified RNs; (3) Noncertified nurses should adopt a plan to attain certification and certified nurses should act as mentors promoting certification through participation in their certifying organizations.

In 2005, Shirey described a “critical care certification drive” initiative undertaken at Deaconess Hospital (DH) with the purpose of increasing the number of critical care certified RNs (CCRN). The author identified several outcomes from the initiative, including increasing the number of CCRNs from four to 34 over a five year period, increasing medical-surgical certified RNs from 0 to 37 in one year, achieving national recognition from the AACN, and increasing staff recognition practices. It was concluded that RN certification contributed to the achievement of all essentials of Magnetism and is documentation of evidence of Magnet requirements. Shirey also identified certification as contributing to the advancement of the nursing profession in the spheres of nursing practice, leadership, and patient care

The effects of a medical-surgical certification review course on clinical practice were investigated through a descriptive study by Sayre, Wyant, and Karvonen in 2010. A survey was mailed four months after the completion of the course; a total of 39 respondents returned the survey, a 33% response rate. Respondents reported increased confidence, competence, and collaboration with the health care team after attaining

certification. One of the limits identified by the researchers was the inclusion of mentoring and coaching as part of the class structure. These two components were not studied individually, nor was it possible to differentiate their effect from that of the review course alone. It should be noted that there was an 86% pass rate on the medical-surgical certification exam for this study's participants, compared to a 71.7% pass rate nationally.

The review of the literature revealed consistent results from research studies investigating the perceptions of certified RNs, non-certified RNs, nurse managers, and administrators in regard to the benefits and barriers of specialty certification. Several articles identified RN specialty certification as an essential component of Magnet status. Certification review courses in general were found to support the participants in preparing for the exam and also to have a positive effect on passing rates, although no studies were done on neuroscience-specific programs. These studies confirmed that RN specialty certification is valuable to the patient, the nurse, and the institution, although further research is needed to definitively link improved patient outcomes with RN certification.

Theoretical Framework

Malcome Knowles' Theory of Adult Learning was used to guide this program development project to assure that needs of adult learners were met. Adult learners have specific needs and motivators uniquely different from children and adolescents. They are self-directed and require confirmation that new information is pertinent to their goals and

applicable to their work. Knowles incorporates the following six assumptions into his learning theory (Knowles, 2002):

1. Need to know: Adults need to know why they need to learn something.
The RNs have requested this program and identified it as being valuable to them.
2. Self-concept: As people mature, their self-concept moves from one of being dependent toward one of being self-directed. The RNs understand the bulk of the preparation will be through individual study and that they must make the commitment to attending the program.
3. Experience: As people mature they accumulate experiences that can serve as a rich resource for learning. The review material will expand upon the RNs' preexisting knowledge which will afford them the ability to be active participants in the learning process.
4. Readiness to learn: Real-life problems or situations create a readiness to learn in the adult. RN staff identified a lack of study support as a barrier to sitting for the exam, therefore this review program acts as motivator to pursue certification.
5. Orientation to learning: As a person matures, his or her time perspective changes from one of postponed application of knowledge to immediacy of application. Participation in the review class will provide the RNs with knowledge which may be immediately applied to their daily practice.

6. **Motivation:** Adults are primarily motivated by a desire to solve immediate and practical problems. As a person matures, motivation to learn is stimulated by internal stimuli rather than external stimuli. Attending the review program is encouraged, but not mandatory and RNs who value the attainment of neuroscience nursing knowledge will be motivated to participate in the class.

Method

The primary purpose of this project was to increase the number of CNRNs on the neuroscience units at RIH, with a secondary goal of CNRN staff participation throughout the initiative. The overall aim of developing this program was to motivate the RN staff to attain neuroscience certification and to provide support during their preparation efforts. Enlisting the aid of current CNRNs as presenters fulfilled the Magnet criteria of involving staff in quality initiatives as well as empowering those RNs to significantly affect unit culture and level of expertise.

The sample was derived from the approximately 80 RNs at RIH caring for patients with a variety of neurological and neurosurgical care needs and diagnoses who were eligible to sit for the CNRN exam. The sample included staff RNs, Nurse Practitioners (NP), and unit managers from the Neuro ICU and the acute care neuroscience units, as well as the Stroke Coordinator. Nurses who attended the lecture portion of the program but were not planning to sit for the exam were not included in the sample.

Institutional Review Board (IRB) approval was obtained and an IRB approved informational letter was given to participants when they registered for class. Classes were held at the hospital outside of the participants' normal work schedule. Participants were encouraged to complete the entire program and to sit for the exam but the entire process was voluntary.

Program Development and Implementation

Framework

The University of Wisconsin Cooperative Extension Logic Model (University of Wisconsin Cooperative Extension, 2008) was used as the framework to guide actual program development. The model consists of three sections which allow the programmer to construct a concrete overview of the planning, implementation, and evaluative processes of the program. It assists in identifying gaps between available resources and those needed to run the program, as well as barriers to the effective planning and implementation of the program thereby facilitating early and effective problem-solving strategies. The model is helpful in analyzing the program planning process, weighing the importance and effectiveness of each individual component, and evaluating the program. The short term desired outcomes for this program were to increase the participants' neuroscience nursing knowledge base, motivate the RNs to sit for the CNRN exam, increase RN satisfaction by providing a requested program, and to offer continuing education units (CEUs).

Needs assessment

A needs assessment was conducted utilizing a brief survey inquiring about the participants' perceptions of the value of specialty certification and their plans to become certified in the neurosciences. The survey was comprised of eight questions scored on a five point Likert scale, one open-ended question, and two multiple choice questions. Staff RNs and managers on the neuroscience units were asked to complete the survey. Hospital leadership had already identified increasing RN specialty certification as a goal in its drive to attain Magnet status. Thirteen RNs returned the anonymous survey; results are shown in Table 1. Overall, the results supported the development of a CNRN exam review program which could be held annually or biannually as needed. Interestingly, although the majority strongly agreed that they would be willing to attend a CNRN review class and sit for the exam (88%), and that increasing the percentage of CNRNs would strengthen their unit and improve patient outcomes (89%), the majority of RNs were uncertain whether CNRN attainment was important to them.

TABLE 1. CNRN Needs Assessment Results

1. All participants planned to take the CNRN exam at some time in the future.
2. 55% strongly agreed that CNRNs were regarded as clinically expert. 44% were uncertain.
3. 33% strongly agreed that CNRN attainment was important to them. 67% were uncertain.
4. 67% strongly agreed they had increased respect for RNs who had attained CRNR status. 22% were uncertain and 11% disagreed.
5. 56% strongly agreed that RNs on the unit should set a goal of attaining CNRN status. 33% were uncertain and 11% disagreed.
6. 56% strongly agreed that patients had increased confidence in RNs who are certified in their specialty. 33% were uncertain and 11% disagreed.
7. 89% strongly agreed that increasing the percentage of CNRNs would strengthen their unit and improve patient outcomes. 11% were uncertain.
8. 100% strongly agreed that a CNRN exam review program would increase their likelihood of sitting for the CNRN exam.
9. 88% strongly agreed that they would be willing to attend a CNRN exam review and sit for the exam. 12% were uncertain.
10. Afternoons and early evenings were the most frequent choices for timing of the review classes.
11. All felt they could commit to four three hour classes held every other week.

Procedures

The author drafted a proposal to request funds for the purchase of the AANN’s CNRN Exam Prep Module and submitted it the Chief Nursing Officer for approval, which was granted. The managers of the neuroscience units were asked to purchase two Neuroscience Core Curricula (Core Curriculum) for each unit, which they agreed to do.

IRB approved flyers were posted on the units requesting those RNs interested in attending the reviews to provide their contact information. Twenty-seven RNs added their names to the list, including three unit managers and six NPs. Each was contacted by email and dates were chosen for the series of four review classes. The classes were scheduled to take place every other week in January and February in order to support the RNs in their preparation for the March exam.

Extensive preparation occurred in developing the review program. The author reviewed the materials included in the Prep Module which was published in 2006 and identified any information that required updating. Updates were drawn from the Core Curriculum, especially in the areas of stroke and movement disorders, which have seen many treatment advances in recent years. The Prep Module served as an outline and some slides simply identify topics to be discussed, while others are more in-depth. The true value of the module is that it follows the exam matrix and assists the presenter in identifying areas of focus. This author added material from the Core Curriculum to expand on the slides, with simple outlines to assist the RNs in preparations. The slides were also reviewed for abbreviations which might be unfamiliar to the participants and clarifications were added.

The exam covers material that is not included in the Prep Module and the author produced review materials outlining the pertinent aspects of those focus areas. Although not presented during lecture, the material was created using Power Point slides and sent via e-mail to the participants. Some of the domains included lifespan care, rehabilitation,

patient education, Chiari malformations, and Attention Deficit Hyperactivity Disorder.

This material was helpful in assisting the participants to focus their studies.

RNs who had already attained CNRN status were asked to present on a topic during the review classes. One CNRN agreed to do this. The CNRN presenter was allowed to choose the topic she was most interested in and also felt comfortable reviewing with the program participants. This author shared the materials from the Prep Module on the chosen topic and the CNRN developed her lecture and slides. During her presentation, the CNRN also shared strategies which were helpful during her own exam preparation. An additional two CNRNs agreed to assist with the registration process, which was both helpful and supportive of the author's goal of including current CNRNs in the program.

Case studies were created or drawn from articles published in the *Journal of Neuroscience Nursing*. These case studies were reviewed in class to foster discussion between the presenter and the participants. Medscape.org also has a series of case study articles published online, many of which cover the neurological disease processes reviewed during the lectures. These articles were shared with the participants in print or forwarded on-line after the topics were presented in class. The articles contain short quizzes and may be completed for free CEUs on-line. Other case studies were displayed on the unit so that the RNs could discuss them outside of class.

Pertinent articles were given to the participants on topics which were complex or required reinforcing, such as intracranial pressure (ICP) management, sodium imbalances, and brain anatomy. Hard copies of the Power Point slides were also given as

handouts, so the participants could add notes during the presentations and use them as study guides. Practice questions specific to the material covered were given to the participants after each class. Study and test taking strategies were shared and additional practice questions were given to participants periodically until the exam. Barker's Neuroscience Nursing Review Study Guide was an invaluable as a resource for practice questions.

This author was available for questions, discussion, and coaching via e-mail and in-person when on the units. One NP was unable to attend the review classes and the author contacted her frequently making sure she had the resources she needed. All of the above materials were given to the NP to support her study efforts and she was allowed to borrow one of the Core Curricula during the month before her exam.

CEUs were applied for and granted through the Rhode Island State Nurses Association. Table 2 summarizes the program components.

TABLE 2. CNRN Exam Review Program Components

Lecture Series
Case Studies during lecture, and via email, handout, and unit displays
Pertinent articles via handout and email
Practice questions after each session and ongoing
Additional reference materials via email
Individual coaching and discussion
Accessibility to Core Curriculum
Study and test taking strategies
Evaluation of program by participants
Continuing Education Units
Celebration of achievements

Results

A total of 10 RNs participated in the program; four completed the entire program, six partially completed the program, and one NP was unable to attend the classes, but utilized the provided materials including class handouts to study for the exam in March. This NP successfully passed the exam and attained certification. Table 3 shows the results of the review program.

Table 3. Results of CNRN Exam Review Program

1. 4 RNs completed the classes
2. 6 RNs attended some of the classes
3. 1 RN utilized the review materials to prepare for the exam, but did not attend the classes
4. 1 RN took the CNRN exam in March
5. 12 RNs plan to take the repeat class in June
6. 10 RNs plan to take the CNRN exam in July

The newly certified NP’s name was added to the CNRN plaque on the Neuroscience Intensive Care Unit and a small celebration was held on the unit. The results of the initiative were presented at the Critical Care Leadership Team meeting, and the new CNRN will be recognized along with other certified RNs at the luncheon held for certified RNs during Nurses’ Week.

Program Evaluation

Feedback throughout the program was positive and RNs informally acknowledged that the program was valuable and met their needs. Requests had been made during the classes for additional materials such as enlargements of slides and more practice questions and these were provided. Any participant completing the program was expected to complete a formal evaluation at the end of the program in order to receive CEUs. Table 4 shows the outcome measures evaluated by the participants. Of those completing the evaluation, 100% stated the program met their needs and that all

outcomes were met and relevant to the overall purpose of the program. An open-ended section regarding suggested improvements was included; no participants added comments.

Table 4. Program Evaluation

Learner's achievement of each outcome	Met	Partially met	Not met
Explain key concepts of intracranial pressure and its management in the neurologically impaired patient	1	2	3
Classify traumatic brain injuries and discuss their sequelae	1	2	3
Classify the types of stroke and discuss treatment therapies and outcomes	1	2	3
Differentiate between the types of seizures and explain treatment modalities and outcomes	1	2	3
Discuss the etiology and management spinal cord injuries	1	2	3
Classify brain tumors and identify treatment modalities	1	2	3
Describe various pediatric neurological conditions, treatment strategies and patient impact	1	2	3
Discuss less common neurological diseases	1	2	3
Differentiate between sodium imbalances and their specific treatments	1	2	3
Identify and discuss various neuromuscular and neurodegenerative disorders	1	2	3
Identify treatment strategies for various neurological infections	1	2	3
Identify study and test-taking strategies for successful completion of the CNRN exam	1	2	3
	Yes related	Yes Partially related	No Not related
Relevance of the outcomes to overall purpose/goals of the educational activity.	1	2	3
Evaluation of presenter (list each speaker followed by the 2 ratings below)	Met	Partially met	Not met
Speaker's expertise enhanced the activity.	1	2	3
Teaching strategies were appropriate for the outcomes and content.	1	2	3

Lessons Learned

Classes were planned for the second and fourth Wednesdays during January and February in preparation for the March exam. The schedule was set during the previous December and classrooms and equipment were reserved. It was discovered just prior to

the beginning of the program that the ABNN had added an additional testing period in July. As a result, the majority of participants decided to delay taking the exam until the new July date and requested a repeat of the program. The second session of the review program will take place in June.

A second obstacle arose, proving to be problematic for the program; snowstorms occurred on three of the four scheduled class dates, either forcing a cancellation or preventing some of the participants from attending. Make-up classes were scheduled and attended by some of the RNs.

Throughout the program, various nurses requested that materials be provided to them despite their inability to attend the classes at that time. All program materials were provided. The author queried these nurses about convenient times for holding the classes in the future and several stated they were taking college classes, which interfered with the review program classes. It was decided that the repeat program would be offered as a series of classes as in the initial program, but that an all day class would be added as well in order to best meet the needs of the interested RNs.

Conclusion

The purpose of this program was to increase the number of CNRNs on the neuroscience units at RIH, with a secondary goal of CNRN staff participation throughout the initiative. RNs participating in the program reported that the CNRN review program supported their test preparation efforts and helped them to focus their studies. This initiative also supported the hospital goal of developing a Neuroscience Center of Excellence, and the nursing leadership goal of attaining Magnet status. The inclusion of

lecture, practice questions, case studies, and pertinent articles enhanced the effectiveness of the program by providing various instructional strategies. The development of a formalized process allows the author to repeat the program as needed to assist future CNRN exam candidates to prepare for the exam.

Implications for the Clinical Nurse Specialist

The Clinical Nurse Specialist (CNS) is uniquely prepared to provide RNs with educational support and motivate them to practice within the full scope of their licensure, maximizing their role within the healthcare team. By role modeling professional behavior and the pursuit of excellence the CNS is able to promote and facilitate specialty certification throughout the institutions. The CNS is able to facilitate change in all three spheres of influence: the patient, nurse, and organizational system, thereby improving outcomes.

This program was an excellent example of the value of the CNS role in elevating bedside nursing practice through specialty certification. This will inevitably result in improved patient outcomes and move the organization one step closer to its goal of Magnet status. Through a single ongoing initiative, the CNS was able to affect the patient, nurse, and organizational system bringing about positive change by encouraging, supporting, and facilitating RN specialty certification.

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